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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF MISSISSIPPI

DMAP Pro Se: EEOO Complaint

United States District Court

Click here to enter text.

Marquita Buchanan

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

(CCA) Tallahatchie County  
Correctional Facility

Case No. 4:16-CV-200-SA-JMV

(To be filled out by Clerk's  
Office only)

Jury Demand?

☐ Yes

☒ No

(In the space above enter the full name(s) of the defendant(s).

If you cannot fit the names of all of the defendants in the  
space provided, please write "see attached" in the space  
above and attach an additional sheet of paper with the full list  
of names. The names listed in the above caption must be  
identical to those contained in Section I. Do not include  
addresses here.)

## COMPLAINT FOR EMPLOYMENT DISCRIMINATION

### NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

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**I. PARTIES****Plaintiff**

List your name, address and telephone number. Do the same for any additional plaintiffs named.  
Attach additional sheets of paper as necessary.

Plaintiff: Buchanan, Marquita Lenore  
 Name (Last, First, MI)  
P.O. BOX 763  
 Street Address  
Deflore, Greenwood, MS 38935  
 County, City State Zip Code  
(662) 457-0941 marquitabuchanan@yahoo.com  
 Telephone Number E-mail Address (if available)

**Defendant(s)**

List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant resides or does business. Make sure that the defendant(s) listed below are identical to those contained in the caption. Attach additional sheets of paper as necessary.

Defendant 1: (CCA) Tallahatchie County Correctional Facility  
 Name (Last, First)  
415 HWY 49 North  
 Street Address  
Tallahatchie, Tutwiler, MS 38963  
 County, City State Zip Code  
 Nature of business: Correctional Facility

**Defendant 2:**

Name (Last, First)

Street Address

County, City

State

Zip Code

Nature of business:

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**II. CAUSE OF ACTION***Check only the options below that apply in your case.*

This employment discrimination lawsuit is brought under:

- ☒ **Title VII of the Civil Rights Act of 1964**, as amended, 42 U.S.C. §§ 2000e, *et seq.*, for employment discrimination on the basis of race, color, religion, sex, or national origin.
- ☐ **Age Discrimination in Employment Act of 1967**, as amended, 29 U.S.C. §§ 621, *et seq.*, for employment discrimination on the basis of age. My year of birth is: \_\_\_\_\_.
- ☐ **Rehabilitation Act of 1973**, as amended, 29 U.S.C. §§ 701, *et seq.*, for employment discrimination on the basis of a disability by an employer which constitutes a program or activity receiving federal financial assistance.
- ☐ **Americans with Disabilities Act of 1990**, as amended, 42 U.S.C. §§ 12101, *et seq.*, for employment discrimination on the basis of a disability.
- ☐ Click here to enter text.

This Court has subject matter jurisdiction over this case under the above-listed statutes and under 28 U.S.C. §§ 1331 and 1343.

**III. STATEMENT OF CLAIM**The conduct complained of in this lawsuit involves (*check only those that apply*):

CLAIM	DATE(S) OF OCCURRENCE	PLACE OF OCCURRENCE
<input type="checkbox"/> failure to hire me		
<input checked="" type="checkbox"/> termination of my employment	12-21-15	
<input type="checkbox"/> failure to promote me		
<input type="checkbox"/> failure to accommodate my disability		
<input type="checkbox"/> terms and conditions of my employment differ from those of similar employees		
<input type="checkbox"/> retaliation		
<input type="checkbox"/> harassment		
<input type="checkbox"/> other ( <i>specify below</i> ):		

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The conduct of Defendant(s) was discriminatory because it was based on (check only those that apply):

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input checked="" type="checkbox"/> race | <input type="checkbox"/> religion       | <input type="checkbox"/> national origin | <input type="checkbox"/> age (year of |
| <input type="checkbox"/> color           | <input checked="" type="checkbox"/> sex | <input type="checkbox"/> disability      | birth: _____                          |

**Facts**

State here briefly the specific facts that support your claim:

Kamala Grant recommended my termination on December 21, 2015, stating that on 01/26/2015, 07/22/2015, and 09/03/2015 I failed to comply with the attendance program policy 1-2014.

**IV. ADMINISTRATIVE PROCEDURES**

Did you file a charge of discrimination against defendant(s) with the EEOC or any other federal or state agency?

- ☒ Yes (You must attach a copy of the charge to this complaint.)  
☐ No

Have you received a Notice of Right to Sue from the EEOC?

- ☒ Yes (You must attach a copy of the Notice of the Right to Sue.)  
☐ No

**V. RELIEF**

The relief I want the court to order is (check only those that apply):

- ☐ Direct the defendant to hire the plaintiff  
☒ Direct the defendant to re-employ the plaintiff  
☐ Direct the defendant to promote the plaintiff.  
☐ Direct the defendant to reasonably accommodate the plaintiff's religion  
☐ Direct the defendant to reasonably accommodate the plaintiff's disabilities  
☐ Direct the defendant to (specify):

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## VI. CLOSING

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

9-15-16

Dated

Marquita Buchanan

Plaintiff's Signature

Buchanan, Marquita Lenore

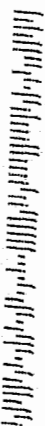
Printed Name (Last, First, MI)

*List the same information for any additional plaintiffs named. Attach additional sheets of paper as necessary.*

GREENWOOD, MS 38935  
P.O. Box 163

MS 38935

Federal Building  
Attention: Clerk Office  
911 Jackson Avenue East  
Oxford, MS 38655



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